## Summary of Benefits Report for Oklahoma, Medicaid InsureKidsNow.gov

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<b>Preventive Servic</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	1 x 6 months		
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months		
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Permanent molars only	
Space maintainers	Yes	1 x every 4 years		
<b>Diagnostic Service</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes	1 x 6 months		Age One
Assessment of risk for tooth decay	Yes	1 x year		
X-Rays				T
Bitewing	Yes	1 x year		
Full Mouth	Yes - only with prior authorization	1 x every 3 years		
Panoramic	Yes	1 x every 3 years	Age six and up	
Treatment Service	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes - only with prior authorization		Two per tooth per lifetime.	
Fillings			1	
Silver amalgam	Yes		Once every 24 months	
Tooth colored composite	Yes		Once every 24 months	
Crowns/tooth caps				
Stainless steel crowns	Yes		Once every 2 years	
Metal (only) crowns	Yes - only with prior authorization		Once every 5 years	
Metal/porcelain crowns	Yes - only with prior authorization		Once every 5 years	
Porcelain (only) crowns	Yes - only with prior authorization		Once every 5 years	
Root Canals (endodo	,		1	T
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes - only with prior authorization		Once per lifetime	
Gum (periodontal) therapy	Yes - only with prior authorization			
Dentures			1	1
Partial dentures	Yes - only with prior authorization			

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Treatment Service				T			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage			
Complete dentures	Yes - only with prior authorization						
Bridges	Yes - only with prior authorization						
Orthodontics*							
Retainers (orthodontic)	No						
Braces	Yes - only with prior authorization		Once per lifetime				
Oral surgery							
Simple extractions	Yes						
Surgical extractions	Yes		Medical necessity must be established and documented				
Care of abscesses	Yes						
Cleft palate treatment	Yes - only with prior authorization		Medical necessity must be established and documented				
Cancer treatment	Yes - only with prior authorization						
Treatment of fractures	Yes						
Biopsies	Yes		Require prior authorization				
Treatment of jaw joint problems (TMJ)	Yes		Medical necessity must be established and documented				
Emergency room services provided by a dentist	Yes						
Inpatient Hospital Services	Yes						
Anesthesia							
General anesthesia	Yes		Medical necaessity must be established and documented				
Intravenous conscious sedation	Yes		Medical necaessity must be established and documented				
Non-intravenous conscious sedation	Yes		Medical necaessity must be established and documented				
Analgesia (nitrous oxide)	Yes		Medical necaessity must be established and documented				

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\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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